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SUBJ/PUBLIC AFFAIRS-NAVAL SERVICE MEDICAL NEWS (NSMN) (95-38)//
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RMKS/1. THIS SERVICE IS FOR GENERAL DISTRIBUTION OF INFORMATION
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MEDICINE. MAXIMUM AND TIMELY REDISTRIBUTION OR FURTHER
REPRODUCTION AND USE BY ACTION ADDRESSEES IS ENCOURAGED. THIS
MESSAGE HAS BEEN COORDINATED WITH THE COMMANDANT OF THE MARINE
CORPS (CMC). THE COMMANDANT HAS AUTHORIZED TRANSMISSION TO
MARINE CORPS ACTIVITIES.

2. HEADLINES AND GENERAL INTEREST STORIES THIS WEEK:
(950312)-Corpsman Selected for Seaman to Admiral Program
(950313)-Corpus Families Have 'Family' Doctor
(950314)-New Orleans Clinic Supports Annual Retiree Seminar
(950315)-Pediatric Services Expands at Naval Hospital 29 Palms
(950316)-Composite Health Care System Wires Navy Hospitals
(950317)-Blood Banks at Camp Lejeune Receive Re-Accreditation
(950318)-Naval Medical Clinic Quantico Opens Bradley Clinic
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HEADLINE: Corpsman Selected for Seaman to Admiral Program
CNO Washington (NSMN) -- Congratulations to HM2 James F.
Leviness on his selection for the Navy's Seaman to Admiral
Program.

Chief of Naval Personnel VADM F. L. Bowman announced the
results of this year's selection board in NAVADMIN 228/95 of 23
September. Leviness, one of the 50 Sailors selected for the
program, is a search and rescue medical technician with Marine
Aircraft Group 26 at Marine Corps Air Station (Helicopter) New
River at Camp Lejeune, NC.

Bowman reminds commanding officers to encourage all eligible
candidates to apply for next year's board. "Three selectees from
this board were alternates from the FY-95 board," wrote Bowman,
"which proves persistence pays off. Work on improving your
qualifications and ask for help from your chain of command."

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HEADLINE: Corpus Families Have 'Family' Doctor
NAVHOSP Corpus Christi, TX (NSMN) -- Long before the advent
of HMOs and Preferred Providers, there was the family doctor --

your family doctor -- who sometimes even made house calls. Many times the family physician followed a patient's development from birth to old age, sharing a special doctor-patient relationship. The whole family relied on the family doctor. Since frequent moves from one duty station to the next make it difficult to keep a family doctor, Navy medicine has found a middle ground.

Naval Hospital Corpus Christi's "Team Care" approach allows an entire family to be seen by one physician. Three separate health care teams were created with the consolidation of the General Medicine and Military Medicine Departments. Each of the three health care teams is responsible for seeing one third of the patient population including active duty, active duty family members, retirees, and their families. Each health care team consists of physicians, physician assistants, nurses and corpsmen who get to know their patients on a first name basis.

One advantage of the new "Team Care" program is increased patient satisfaction with a more personalized approach. There will also be more appointments available for acute medical problems, greater access to health care providers, improved continuity of care and better use of resources.

According to one "Team Care" provider, HML Miguel Briseno, "I feel the 'Team Care' approach is great. While contributing to the operational readiness of our Navy, we become more familiar with our patients. This familiarity instills a comforting personal atmosphere with our patients and the providers don't have to spend needless time reviewing records to discover a patient's medical history. This is saving the Navy time and money."

Story by Ms. Ann Kirby, Bureau of Medicine and Surgery

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HEADLINE: New Orleans Clinic Supports Annual Retiree Seminar

NMCL New Orleans (NSMN) -- On Saturday, 23 September 1995, the Bureau of Medicine and Surgery and several members of the Naval Medical Clinic New Orleans health care team supported the Louisiana Annual Military Retiree Appreciation Day held at Perry Walker High School near the New Orleans Naval Support Activity.

This annual event, coordinated by the local Retired Activities Office, which is sponsored by the Bureau of Naval Personnel, provides useful information and a forum for discussion on current legislation and programs affecting the military retiree community. The Seminar included a plenary session followed by various focused workshops attended by more than 300 Louisiana military retirees and family members.

BUMED's CAPT Dave Dundon, MSC, provided an informative TRICARE briefing to the plenary session, and he joined a team from Naval Medical Clinic New Orleans in the follow-on health care workshop, which included blood pressure checks, eye screening, presentation of health promotion materials, and question/answer sessions by the health benefits advisor, representatives of the pharmacy, patient appointment system and nursing services, and the New Orleans CHAMPUS Reform Initiative Contractor.

"This year's conference was highly successful, and we were

delighted to have the opportunity to join BUMED and CHAMPUS Reform Initiative in providing useful services and information to our military retiree families of Louisiana," said CAPT Jerry B. Adkison, MSC, the clinic's skipper.

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HEADLINE: Pediatric Services Expands at Naval Hospital 29 Palms
NAVHOSP Twentynine Palms, CA (NSMN) -- "We are very pleased to announce that we can now offer subspecialty care to our patients here in the Pediatric Clinic with a program of visiting specialists," said LT Karie Andersen, MC, department head of Naval Hospital Twentynine Palms' Pediatric Clinic.

The program expands services dramatically to patients by providing specialists in Pediatric Cardiology; Neurology; Endocrinology; Urology; a general practice Ear, Nose and Throat doctor; and Pediatric Developmentalist. These physicians now make periodic trips to Naval Hospital Twentynine Palms on a monthly or every other month basis from Naval Medical Center San Diego.

"Our patients are able to see these specialists here in our clinic, so it saves them a long drive to San Diego. It can even save the patient and the Navy a lot of money by not having to refer them out to the civilian sector for treatment," said Andersen.

When these pediatric specialists visit Naval Hospital Twentynine Palms, they stay for a day or two and their appointments are booked solid.

Story by Mr. Dan Barber, Naval Hospital Twentynine Palms

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HEADLINE: Composite Health Care System Wires Navy Hospitals
BUMED Washington (NSMN) -- The Composite Health Care System, part Local Area Network, or LAN, and part data-base, puts relevant patient information at the fingertips of physicians, pharmacists, X-ray techs and other members of the patient's health care team.

It provides faster, more efficient care. CHCS is used to relay information such as orders for blood work, X-rays or prescriptions from one department to another. Health care providers on the system can simply open your file and read your physician's instructions. Similarly, as soon as lab work is completed, the results are placed in your file and are instantly available to your primary care provider.

Sometime in the future, every military beneficiary will have a file on a global CHCS network. Today, CHCS is regional, with about 150 Navy facilities using CHCS. The last two -- Portsmouth, NH, and Guantanamo Bay, Cuba, are bringing it on line.

As more users get more comfortable with the opportunities CHCS brings to their desk top -- or lap top -- efficiency and communication in Navy medical and dental treatment facilities will keep getting better and better.

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HEADLINE: Blood Banks at Camp Lejeune Receive Re-Accreditation

NAVHOSP Camp Lejeune, NC (NSMN) -- Naval Hospital Camp Lejeune has been granted renewal of accreditation by the American Association of Blood Banks (AABB), said CDR Maurice M. Culver, assistant head of Laboratory Services.

Accreditation follows an intensive on-site inspection by specially trained representatives of the Association and establishes that the level of medical, technical and administrative performance within the facility meets or exceeds the standards set by the AABB. By successfully meeting those requirements, Naval Hospital Camp Lejeune joins more than 2,000 similar facilities across the United States and abroad that have earned AABB accreditation.

Since 1958, the AABB has been engaged in the voluntary inspection and accreditation of blood banks and transfusion services. The Inspection and Accreditation Program assists blood banks and transfusion services in determining whether methods, procedures, personnel knowledge, equipment and the physical plant meet established requirements.

The minimum requirements for accreditation of blood banks and transfusion services are based primarily on the AABB's Standards for Blood Banks and Transfusion Services. The AABB's Committee on Inspection and Accreditation assures compliance with these criteria before granting accreditation. These standards not only set the level of professional proficiency for blood banks and transfusion in the United States, but also provide the basis of practice for similar facilities around the world.

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HEADLINE: Naval Medical Clinic Quantico Opens Bradley Clinic

NMCL Quantico, VA (NSMN) -- On 22 September, the new Branch Medical Clinic at the Officers Candidate School (OCS) in Quantico was dedicated. This state-of-the-art facility will allow those who provide care to more than 2,500 officer candidates each year a long-awaited respite from the antiquated chow hall in which the clinic was previously located.

"It will be a delight to no longer have to store medical records in the meat locker," said Department Head CDR Pauline Suszan, NC.

The Naval Medical Clinic Quantico's Physical Therapy Department and Sports Medicine Division are also located at the Bradley Clinic.

The Clinic is named in honor of Pharmacist's Mate Second Class John Bradley, who was the Navy corpsman who participated in the historic flag raising at Iwo Jima and received the Navy Cross for bravery during World War II.

Bradley was selected over seven other potential honorees because he represents the epitome of the Navy-Marine Corps team.

The staff of the Bradley Clinic will be the first Navy personnel the young Marine officer candidates will encounter -- the beginning of a proud tradition. Mr. Bradley's son, Stephen, and his wife, were the guests of honor at the dedication. BGen E.C. Kelley, USMC, Marine Corps Base Quantico's Commanding General presided over the ceremony, which included remarks by

Naval Medical Clinic Quantico's Commanding Officer CAPT W. L. Roach Jr., MSC, and OCS Commanding Officer Col A.G. Davis, USMC.
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HEADLINE: Navy Medicine Reorganization Claims HSETC

HSETC Bethesda, MD (NSMN) -- Naval Health Sciences Education and Training Command, one of three headquarters commands in the Navy Medical Department, will be disestablished in a 29 September ceremony as part of Navy medicine's efforts to meet mandated headquarters reduction and to streamline the organization.

"This is a lateral transfer of functions, not force reduction and staffing cuts," said HSETC Commanding Officer CAPT Cynthia Perry, NC. "The functions HSETC performs are crucial to Navy medicine and will continue. They will, however, be done under the umbrellas of two other commands in a shorter chain of command."

The 60 percent of HSETC's current functions that deal with the actual execution of education and training will pass to the Naval School of Health Sciences. The remaining 40 percent, including policy, plans, standards and oversight functions, will be assumed by the Bureau of Medicine and Surgery.

School commands -- formerly echelon 4, reporting to HSETC -- will be empowered as echelon 3 commands reporting directly to MED 05 at BUMED. RADM Joan Engel, NC, currently Assistant Chief BUMED for Personnel Management (MED 05), will assume the new title of Assistant Chief for Education, Training and Personnel. NSHS Detachment Portsmouth, VA, will stand up as an independent command under the restructuring and bring the Naval Undersea Medical Institute detachment at Groton, CT, under its jurisdiction. All other detachments currently under NSHS Bethesda's purview will also be realigned to either NSHS Portsmouth or NSHS San Diego. "This brings training to the East and West coast areas of fleet concentration," said Perry.

Phase two of the restructuring plan, which is scheduled to be completed by the end of 1997, will continue infrastructure reduction, transfer technical training from NSHS Bethesda to NSHS Portsmouth, and develop a plan to establish a naval school of operational medicine, which will be established in the first year of phase three, which ends in 2002.

Story by JO2 Roy DeCoster, National Naval Medical Center Bethesda
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HEADLINE: HEALTHWATCH: Choosing a Cold Medication

NAVHOSP Yokosuka, Japan (NSMN) -- Your pharmacist or physician can best recommend a cold medication that's right for your cold, but you might find this article useful in picking out a medication on your own. It will help you interpret the label information on over-the-counter products available to you.

The ingredients, and what they do, are:
-- Pain Relievers (analgesics)

Pain relievers are included in many cold preparations to lessen the aches and pains that often accompany a viral infection. They help relieve muscle soreness, sore throat or headache. Aspirin or acetaminophen also may bring down a fever.

Most children's cold medications contain acetaminophen rather than aspirin. Acetaminophen (the active ingredient in Tylenol) is considered safer for children. In general, do not give aspirin to children who may have a viral infection because it has been found to be associated with Reye's Syndrome, which is potentially fatal.

Avoid cold medications with analgesics if you are taking painkillers for another condition. If you have a bleeding problem, avoid aspirin. If you're not sure, your doctor can tell you whether aspirin is OK for you to take.

-- Antihistamines

Antihistamines are included in cold medications to relieve sneezing, runny nose and watery eyes. They are more likely to work if you have an allergy than if you have a cold.

Antihistamines tend to make you sleepy. This can be a benefit if your cold interferes with sleep, but a problem if you need to be alert.

Since many medications contain antihistamines or related ingredients, taking them with cold medications may lead to side effects such as excessive drowsiness, constipation, dry mouth and blurred vision.

-- Decongestants

Decongestants cause the blood vessels in the nose to become narrower, which relieves stuffiness and makes breathing easier. They also have a stimulating effect.

In many people, decongestants increase blood pressure. If you take more than the recommended dose, your blood pressure may become dangerously high. Be especially careful not to take too much of the decongestant phenylpropanolamine HCL, which has a low margin of safety. Phenylpropanolamine is an ingredient in many diet pills, so never take a decongestant and a diet pill in the same day.

Consider using a decongestant nasal spray or nasal drops rather than a liquid, capsule or tablet decongestant. Nasal sprays or drops are likely to be safer than those you take by mouth because little of the decongestant enters your bloodstream when applied directly into the nose. If you already have high blood pressure or if you are pregnant, the sprays or drops are especially preferable.

Avoid using sprays or drops for longer than two to three days without consulting your doctor. If your nose gets used to them, nasal congestion may return when you stop using the decongestant, even after your cold has passed. (If this rebound congestion occurs, don't use any more decongestant. If you do nothing, the rebound congestion will pass after a while. Your doctor can suggest ways to speed up the process, if necessary).

-- Cough Suppressants (antitussive)

Cough suppressants may provide relief if you have a dry hacking cough that interferes with sleep or work. But remember: A cough that produces mucus can be useful in clearing your breathing passages, so not all coughs should be suppressed.

-- Expectorants

An expectorant may be included in a cold medication to loosen the mucus in the lungs, making it easier to clear the

lungs when you cough. There is some disagreement about whether expectorants work.

Some cold medications contain both an expectorant and a cough suppressant. This combination is somewhat self-defeating since one ingredient is trying to make a productive cough while the other is trying to stop it all together.

-- Other Ingredients

Many liquid cold preparations contain alcohol because many medications dissolve well in it. Alcohol also acts as a sleep inducer and may add to the sedative effect of an antihistamine. Check the label carefully if you cannot tolerate alcohol. For a child, avoid alcohol medications entirely, or choose one with as little alcohol as possible.

Caffeine is added to some cold preparations to counteract the sedative effect of alcohol or antihistamine. It also adds to the stimulant effect.

With hundreds of over-the-counter cold preparations on the market today, it's smart to be informed about what you are taking so you can choose the best cold medication for you.

Story provided by U.S. Naval Hospital Yokosuka

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3. Important Dates for October from the Bureau of Naval Personnel:

2 October: Active CWO-3/4 board convenes
5 October: Joint Special Officer board convenes
10 October: Transfer/Redesignation board convenes
11 October: Morning (0600-0800) and Night (until 2200)
Detailing (Washington, DC, time)
13 October: Navy's 220th Birthday
16 October: Executive Training Program Screen board
convenes
24 October: Morning (0600-0800) and Night (until 2200)
Detailing (Washington, DC, time)
30 October: Active O-8 Staff Medical Corps/Supply Corps
board convenes
31 October: O-4 FitReps due
31 October: O-3 FitReps due
31 October: Mid-Term Evaluation Counseling for E-9, E-3/2/1

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4. ADDRESSEES ARE ENCOURAGED TO SUBMIT INFORMATION AND NEWS ITEMS OF MEDICAL DEPARTMENT OR BENEFICIARY INTEREST (IN STORY FORMAT) BY TELEPHONE, FAX OR EMAIL TO BUMED, ATTN: NAVAL SERVICE MEDICAL NEWS (MED 00P2). TELEPHONE (202) 762-3223, DSN 762-3223. FAX (202) 762-3224, DSN 762-3224. EMAIL NMC0ENL@BUMED10.MED.NAVY.MIL//

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